

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
County of Gila
District of _____
Town of Miami
or _____
City of _____ (No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145

Co. Registrar's No. 373

Local Registrar's No. _____

FULL NAME OF CHILD June Milicent Krupp Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Female Twin Triplet or other _____ and _____ Number in order of birth 1 Legitimate? yes Date of Birth June 28 - 1921
Month Day Yr.

FATHER
Full Name Solon Irving Krupp
Residence Miami, Arizona
Color or Race Hebrew Age at last Birthday 29 Years
Birthplace Korno, Russia
Occupation Merchant

MOTHER
Full Maiden Name Dolly Rosenberg
Residence Miami, Arizona
Color or Race Hebrew Age at last Birthday 26 Years
Birthplace Minneapolis, Minn.
Occupation Housewife

Number of child of this Mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on June 28, 1921, at 7:30 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature C. M. Crow M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191 _____

Address Miami, Arizona

127-628-497
COUNTY REGISTRAR.

Filed June 30 1921 B. J. Fox
A True Copy B. J. Fox
LOCAL REGISTRAR.
COUNTY REGISTRAR.